

NATIONAL ORGANIZATION OF STATE IMPAIRED-DRIVING PROGRAMS, INC. (NOSIP)

The National Organization of State Impaired-Driving Programs is an organization designed for representatives of programs that deliver DUI educational/treatment or related services to offenders of driving under the influence of alcohol or other substances. The purpose of the organization is to provide on a non-profit basis a forum for discussion among representatives from state agencies and the private sector ... in order to ensure efficient and effective services to those offenders. Specific objectives are to: Create a better understanding of the alcohol-related driver program and driver licensing authorities within the United States and its Territories; establish a national relationship among the different state agencies working with DUI offenders; increase the knowledge of the responsible state agencies on program techniques and effectiveness; establish and maintain cooperation among the states; develop and maintain educational/curriculum standards for DUI schools/treatment programs; and develop programming in administrative services, training, research and evaluation. The organization was born out of the Southeastern DUI Offender Systems Conference which celebrated its 15th Annual Conference in July of 1999. Representatives from over 20 states have either been involved or expressed support for the formation of the organization. **Membership in the organization will initially be open to three categories: Regular, Emeritus and Associate.** Regular members shall be a person employed by a state agency involved in the operation of the state's impaired driving system (e.g., alcohol education/treatment, drivers licensing, etc.). Emeritus members are former members currently not associated with private sector. Associate members may be from public or private sector who do not meet the definition of Regular member. Dues are to be determined by the Board of Directors but will not be established until our status of 501 (c) (3) non-profit is finalized.

MEMBERSHIP APPLICATION:

Yes, I would like to be considered for membership in NOSIP: (Check One)

Regular Member _____ Emeritus Member _____ Associate Member _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____ E-MAIL _____

I would like a copy of the by-laws : Yes: _____ No: _____

Return form to:

SCDAODAS
3700 Forest Drive, Suite'300
Columbia, SC 29204
(803) 734-9556